

PICU Doctor Consultation Form

نموذج استشارة طبيب العناية المركزة

Date: __/__/20__

Time: ____

Patient Name: _____ Age: _____ Bwt: _____ kg INS No: _____ Department: _____

Brief Medical History: _____

Vital Signs:

HR	RR	Psao2	B/P	Tem	GCS

CPR	
Yes ☐	NO ☐

Brief Medical Examination: _____

Lab. Investigations					
CBC		ABGs		Chemistry	
Hb		pH		RBS	
RBCs		pCO ₂		urea	
WBCs		pO ₂		Na	
L %		SaO ₂		K	
N %		HCO ₃		Cl	
PLT		BE		Ca	
Others lab invest.					

Provisional Diagnosis: _____

Main Cause Of Consultation: _____

_____ Referring Doctor: _____

PICU Doctor Notes: _____

Findings: _____

Impressions: _____

Recommendations: _____

Date __/__/20__ , Time: _____ PICU Doctor: _____